

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

101

01603

## CERTIFICATE OF DEATH

Reg. Dist. No.

116

## 1. PLACE OF DEATH:

County Dorchester County

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 days

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Charles H.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Separated

6. (b) Name of husband or wife

Annie Blades

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Mar. 20, 1878

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

69

10

24

9. Birthplace

Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

Reired Farmer

11. Industry or business

MOTHER FATHER

12. Name Thomas J. Blades

13. Birthplace Caroline Co. Md.

14. Maiden name Carrie Adams

15. Birthplace Talbot Co. Md.

16. Informant

Mrs. Alfred Fairbanks

Address

St. Michaels Md.

17. Burial

(Burial, cremation, or removal. Which)

Date thereof Feb 16 1948

(month) (day) (year)

Cemetery or crematory

Lauding Neck

Location

Cheston Hungf

18. Funeral director

Address

Wm. M. E. Flounders

Easter Md.

19. Date rec'd by registrar

Feb. 13 1948

(Date rec'd by registrar)

John Macmillan

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Talbot

City or town

Talbot

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

Blades

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 13<sup>th</sup> 1948 at 6:07 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 7 1948 to Feb 13 1948 and that I last saw him alive on Feb 12 1948

Immediate cause of death

Fecal Fistula

C. peritonitis

Due to Ruptured Appendix  
and abscess formation

DURATION

6 weeks

2 mo. +

Due to

Other conditions

Gastritis

(1 1/2) year

(Include pregnancy within 3 months of death)

Major findings of operations Appendicectomy

Date of op. 12-9-48

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injur (See other side)

Injured at work

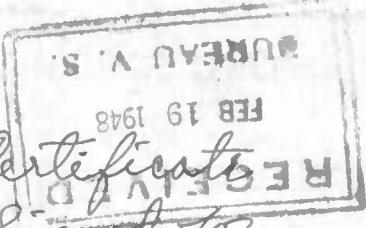
23. SIGNATURE

Eldridge H. Wofford

A. D. or other

Cambridge Md.

Date signed 2-18-48



This Certificate  
Was signed for  
Dr John Moer, Jr  
of Cambridge, Md.  
who Was in attendance  
but was out of town  
when the patient died.

J. H. Dofford

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01604  
83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
 County Dorchester

City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Days

Hospital, Institution, or street address where death occurred:  
 200 Peachblossom Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Jefferson Davis Brooks

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6. (b) Name of husband or wife Margaret M. Parker

Died 6/12/1937 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1859

8. AGE:	Years	Months	Days	If less than one day
	88	1	19	hrs. min.

9. Birthplace Port Royal, Virginia  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Dirt

12. Name Robert Brooks

13. Birthplace Virginia

14. Maiden name Elzey

15. Birthplace Virginia

16. Informant Mr. Eugene Brooks

Address Cambridge, Maryland

17. Burial Date thereof Feb. 8, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity Cemetery

Location Church Creek, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by registrar John D. Brooks, M.D.  
 (Date rec'd by registrar) 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Woolfords  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 1  
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 4, 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/6/9 1947, to 6/9/48 1948

and that I last saw h.c. alive on 2/4/48 1948

Immediate cause of death

Obstruction & Convulsions, 1 day

Due to... Mental derangement

Due to... Accidental fall

Due to... Senile

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

John D. Brooks, M.D. or other

Date signed 2/7/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01605

## CERTIFICATE OF DEATH

Reg. Dist. No.

116

## 1. PLACE OF DEATH:

County

City or town

Dorchester

Cambridge Maryland -

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Cambridge Md. Hospital

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 4 days -

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored -

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age - years

8. AGE:

Years

Months

Days

Less than one day

5 hrs. min.

9. Birthplace

(Town, county, and state)

Cambridge Maryland -

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Robert Crowley -

13. Birthplace

Chance Maryland -

14. Maiden name

Marion Bryan

15. Birthplace

Cambridge Maryland -

16. Informant

Marion Bryan

Address

6 Fairmount Ave. Cambridge Md.

17. Burial

Burial Date thereof 2-17-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Silent City

Location

Cambridge Md.

18. Funeral director

Lewis H. Baughman

Address

Cambridge Md.

19. Date rec'd by registrar

2/12/48 John Doe

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Maryland Dorchester

City or town

Cambridge -

Street No.

Cambridge Md. Hospital

(If outside city or town limits, write RURAL and give nearest town)

Address

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 8 1948, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 4 1948, to Feb. 8 1948

and that I last saw him alive on February 8 1948

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Carroll M. Atkin, M.D.

M. D. or other

Address On Cedar Sts Date signed 2-9-48

RECEIVED

FEB 16 1948

LIBRARY

**M** PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
Dorchester  
County.....

City or town..... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 mos. 14 ds.

Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital

How long in hospital or institution?..... 1 mon. 14 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Cecil

City or town..... Elkton  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Herbert L. Bryson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife..... Carrie Stanley

7. Birth date of deceased (mo., day, yr.)..... Jul y 15 1886

8. AGE:	Years	Months	Days	If less than one day
	61	7	3	hrs. min.

9. Birthplace..... Elk Mills, Cecil Cy. Md.  
(Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business

12. Name	Thomas Bryson
13. Birthplace	Elk Mills Cecil Cy. Md.

14. Maiden name	Annie Dilkes
15. Birthplace	Elk Mills Cecil Cy. Md.

16. Informant..... Hospital Records

Address..... Cambridge, Md.

17. Burial..... Burial  
(Burial, cremation, or removal, Which?) Date thereof..... 3-22-48  
(month) (day) (year)

Cemetery or crematory..... Elkton

Location..... Elkton, Cecil Cy. Md.

18. Funeral director..... Joseph R. Grant

Address..... North East, Md.

19. ..... 2/19/48 John MacDowell  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

unknown

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 19 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5 1948 to February 18 1948 and that I last saw him alive on February 17 1948.

Immediate cause of death..... Chronic Myocarditis and Myocardial Degeneration  
DURATION..... 3 yrs.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

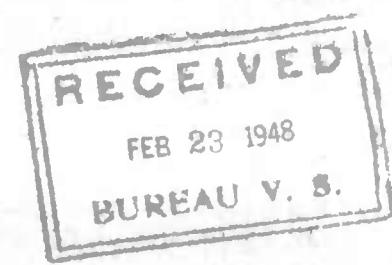
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Grace M. Branscombe M.D. M. D. or other

Address..... Cambridge, Md. Date signed..... 2/19/48

01606



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

01607

116

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 8 Months

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?..... One Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 119 Franklin Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Nettie Willey Cook

## 3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife John A. Cook

Died 6/11/1947

7. Birth date of deceased (mo., day, yr.) April 14, 1885

8. AGE: Years Months Days If less than one day  
62 9 26 hrs. min.9. Birthplace James Island, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Samuel Willey

13. Birthplace Maryland

14. Maiden name Sarah Ann Matthews

15. Birthplace Maryland

16. Informant Mr. Calvin Cook

Address Cambridge, Maryland

17. Burial Date thereof Feb. 12, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Feb. 12, 1948 John J. Cook  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1948 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 FEB 1948 to 10 FEB 1948

and that I last saw her alive on 9 FEB 1948

Immediate cause of death CORONARY  
THROMBOSIS

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results NOT DONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE Walter E. Funky, M.D.

M. D. or other  
Address 101 Church St CAMBRIDGE, MD. Date signed 12 FEB 1948

RECEIVED

FEB 16 1948

MCRAE

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. In the correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01608  
93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

City or town

Dorchester  
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution?

1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Dorchester

City or town

Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.

518 Dakey

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Annie R. Messick Cox

## 3. (b) Social Security Number

none

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white Widowed

Wm E. Cox

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age..... years

May 21 - 1874

8. AGE:

Years

Months

Days

11 less than one day

73

8

26

hrs. .... min.

9. Birthplace.....

Easton md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

John W. Harlock

MOTHER FATHER

12. Name.....

John W. Harlock

13. Birthplace.....

Easton

14. Maiden name.....

Margaret

15. Birthplace.....

Lewes

16. Informant.....

Mrs Crosby Murphy

Address

Cambridge Md

17. Burial.....

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cambridge Cemetery

Cemetery

Cambridge Md.

Location

Kenneth R. Thomas

18. Funeral director.....

John Mae

Address

Cambridge Md.

19. (Date rec'd by registrar)

19

19

John Mae

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb -17- 48 9:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 15 1948 to Feb 17 1948

and that I last saw her alive on Feb 17 1948

Immediate cause of death.....

Congestive heart failure &  
pul. edema

Due to.....

Pneumonia Neumonia &  
falling massive cerebral hemorrhage

Due to.....

Cerebral hemorrhage

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

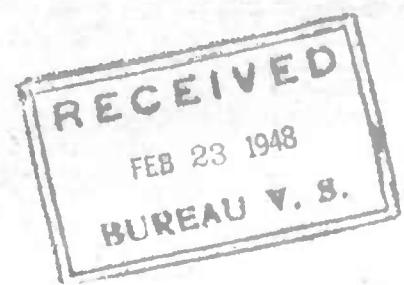
Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed Feb 17 1948



01609

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

## CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Days  
 Hospital, institution, or street address where death occurred:  
 Cedar Street  
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Michigan County -  
 City or town Detroit  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -  
 (If rural, give LOCATION) ✓

3. (a) FULL NAME  
 Louise Cecil Marshall Dotterer

3. (b) Social Security Number -

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
Martin C. Dotterer		

8. (b) Name of husband or wife Martin C. Dotterer  
 Died

7. Birth date of deceased (mo., day, yr.) July 31, 1875

8. AGE: Years 72 Months 6 Days 24 If less than one day hrs. min.

9. Birthplace RFD # 3, Cambridge, Md  
 (Town, county, and state)

10. Usual occupation. - - - - -

11. Industry or business - - - - -

MOTHER FATHER 12. Name Robert S. Marshall

13. Birthplace Maryland

14. Maiden name Margaret Ann Elliott

15. Birthplace Maryland

16. Informant Mrs. Winnie Marshall

Address Cambridge, Maryland

17. Burial Feb. 27, 1948  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Feb. 27, 1948 John MacV.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/21 1948 to 2/25 1948

and that I last saw her alive on 2/25 1948

Immediate cause of death Acute myocardial failure

DURATION 1 day

Due to: Arteriosclerosis nephritis

Due to: arteriosclerotic H.D.

Other conditions Secondary anemia

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

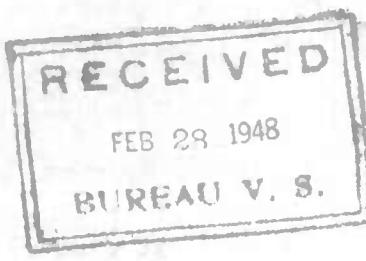
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Lawrence Maryanov M. D. or other

Address 136 Race St. Cambridge Date signed 2/26/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01610

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

313 Pine Street

How long in hospital or institution?

## 3. (a) FULL NAME

Ella N. Harris

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female Negro Widowed

Edward Harris

## 6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Jan 26 1876

## 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

72 0 17 hrs. min.

9. Birthplace..... Cambridge, Dor. Co. Md

(Town, County, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Eliza Ferry

13. Birthplace..... Dor. County, Md

14. Maiden name..... Henrietta Pinder

15. Birthplace..... Dor County, Md

16. Informant..... Edgar. Harris

Address..... Cambridge, Md

17. Burial Date thereof..... Feb 17 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Bethel Cemetery

Location..... Cambridge, Md

18. Funeral director..... H. M. Miller &amp; Son

Address..... Cambridge, Md.

19. (Date rec'd by registrar) 2/17/48

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 313 Pine Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1948 a.m. 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb 9 1948 to Feb 13 1948  
and that I last saw her alive on February 13 1948

Immediate cause of death.....

Cerebral Hemorrhage 3 wks

Due to..... Sen. Hypertension 14 m

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

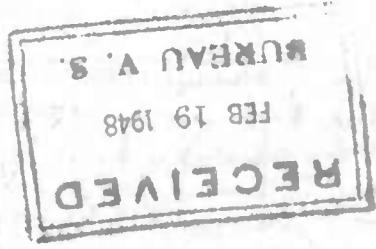
Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE Carroll M. Nichols MD M. D. or other

Address..... Penfield B Date signed 2-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The direct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01611

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life Time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Martin W. Harris

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

Married

8. (b) Name of husband or wife

Della Harris

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.)

February 26, 1895

8. AGE: Years

Months

Days

If less than one day

51

11

14

hrs.

min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Drug Store

FATHER

Albert Harris

13. Birthplace

Cambridge, Maryland

14. Maiden name

Josephine Parker

15. Birthplace

Vienna Dor. Co. Md.

16. Informant

Mrs. Della Harris

Address

326 High Street

17. Burial

Date thereof

Feb. 13, 1948  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Worsh Cemetery

Location

Cambridge, Md.

18. Funeral director

Address

T. M. S. Clark &amp; Son

Cambridge, Md.

19. (Date rec'd by registrar)

2/2/48

John Meurgard

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 326 High Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

214 -07-8082

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10

1948, at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 9, 1948, to February 10, 1948

and that I last saw him alive on February 10, 1948

Immediate cause of death

Cerebral Hemorrhage

Due to: Seizure Hypertension

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

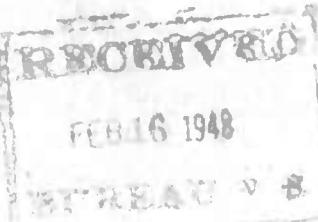
23. SIGNATURE

Conrad M. Olson MD

M. D. or other

Date signed 2/11/48

Address



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible entries will be disregarded.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01612

83a

Reg. Dist. No. 110

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Dorchester

City or town

Brookview

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ida E. Hastings.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female.

white

Married.

6. (b) Name of husband

William H. Hastings

7. Birth date of deceased (mo. day, yr.)

8. (c) If alive, give age 78 years

May - 9" 1868

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

B. Birthplace

Dorchester Co. Maryland  
(Town, county, and state)

10. Usual occupation

House-works

11. Industry or business

Own home

MOTHER FATHER

12. Name

No information.

13. Birthplace

"

14. Maiden name

Sophia Joslin

15. Birthplace

Dorchester Co. Maryland

16. Informant

William H. Hastings,

Address

Rhodesdale, Md. R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 2 - 28 - 1948  
(month) (day) (year)

Cemetery or crematory

Brookview Cemetery

Location

Brookview, Dorchester Co. Md.

18. Funeral director

J. J. Frampton &amp; Son,

Address

Federalsburg, Md.

19. Feb. 28 - 1948  
(Date rec'd by registrar)Charlotte Hastings  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Dorchester

City or town

Brookview

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None.

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 25" 1948 at 7<sup>10</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9 1946 to Feb 24 1948  
and that I last saw her alive on Feb 24 1948

Immediate cause of death

Paralysis

DURATION

13 mo

Due to: Atherosclerotic stroke  
Arteritis

years

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

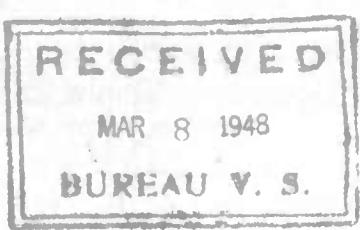
Means of injury

Injured at work?

23. SIGNATURE

R. D. Brown, M.D.  
East New Market  
Date signed 2/27/48

M. D. or other



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01613

96

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

60 weeks

Hospital, institution, or street address where death occurred:

Moore's Ave

How long in hospital or institution?

## 3. (a) FULL NAME

Elizl Hensley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored widow

6. (b) Name of husband or wife

Lettie Hensley

7. Birth date of deceased (mo., day, yr.)

Dount know

6. (b) If alive, give age 52 years

8. AGE:

Years  
63

Months

Days

If less than one day

hrs. min.

9. Birthplace

Fair neck md

(Town, county, and state)

10. Usual occupation

Labors

None

11. Industry or business

Jessil Benson

FATHER

12. Name

Jessil Benson

13. Birthplace

Maryland

14. Maiden name

Dount know

15. Birthplace

Dount know

18. Informant

Elsil Benson

Address

12 Moore and Cambridge

17. Death

Date thereof 21 6 18

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Chambley

Location

Cambridge

18. Funeral director

Leford H. Benson

Address

Cambridge md

19. Date rec'd by registrar

10/28 John Dailey MD

(Data rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. Moore's Ave (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1948 at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 29 1948 to Death 1948

and that I last saw him alive on Jan 29 1948

Immediate cause of death: Cerebral Farber

1. Hypertension CVRD 2. Hypertension

3. Delusion Paroxysm ?

Due to: (Not syphilis)

Due to:

Other conditions: Active ulcerous disease

of aorta ?

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

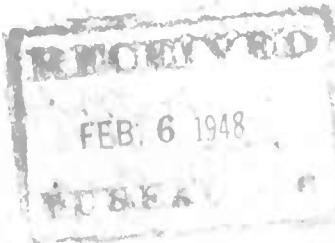
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. Thompson MD M. D. or other

Address: Cambridge Date signed Feb 4 1948



01614

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 Months  
Hospital, Institution, or street address where death occurred: Cambridge Maryland Hospital  
How long in hospital or institution? 5 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Church Creek  
(If rural, give LOCATION)

3. (a) FULL NAME  
Willie Brannock Hill

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
---------------	------------------------	--

6. (b) Name of husband or wife J. Gorman Hill  
Died 5/30/42

7. Birth date of deceased (mo. day. yr.) Aug. 24, 1889

8. AGE: Years 58	Months 5	Days 22	If less than one day hrs. min.
------------------	----------	---------	--------------------------------

9. Birthplace Church Creek, Dorchester Co., Md.  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

MOTHER FATHER	12. Name William A. Brannock
	13. Birthplace Maryland

MOTHER	14. Maiden name Addie Vickers
	15. Birthplace Maryland

16. Informant Mrs. Edward Jones

Address Church Creek, Maryland

17. Burial Date thereof Feb. 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 2/19/48 John Mac [Signature]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

J. Gorman Hill, 1948, to February 16, 1948,

and that I last saw her alive on February 16, 1948.

Immediate cause of death

Generalized metastatic carcinoma  
Due to Lung cancer of the right way  
5 months  
20 months

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations Lung cancer of the right way  
Date of op. July 7, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

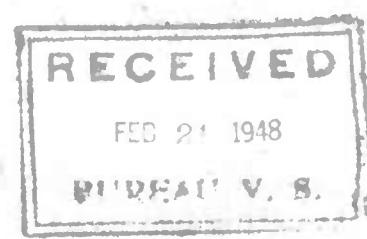
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wila Ann Brannock, M.D.

M. D. or other

Address Cambridge, Maryland Date signed Feb. 17, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01615  
110

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County Dorchester  
City or town Eldorado Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura J. Holley -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Sra J. Holley

7. Birth date of deceased (mo., day, yr.) November 12-1867  
6.(c) If alive, give age years8. AGE: Years Months Days If less than one day  
80 2 24 hrs. min.9. Birthplace West Virginia  
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business

MOTHER FATHER William A. Miller

13. Birthplace Rockbridge Co. Virginia

14. Maiden name Margaret Ann Whyer

15. Birthplace Rockbridge Co. Virginia

18. Informant Raymond Holley

Address Hurlock Md.

17. Burial Date thereof Feb 9 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Eldorado Cemetery

Location Eldorado Maryland

18. Funeral director J. G. Grannom &amp; Son

Address Federalsburg Md.

19. February 9<sup>n</sup> 1948  
(Date rec'd by registrar)Ches W Hastings  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Eldorado Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that deceased from

January 30 1948 to Feb 6 1948  
and that I last saw her alive on February 4 1948

Immediate cause of death Diabetes mellitus

DURATION

5 yrs +

Due to

Due to

General arteriosclerosis 5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

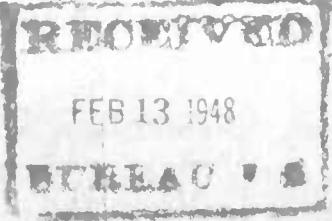
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hetterson MD Date signed 2/7/48



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

93d  
Registered No. 0161616

1. PLACE OF DEATH:

(a) Baltimore City, Maryland  
(b) Street address  
(c) Hospital or institution:

Taylor's Island

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

3 (a) FULL NAME

Mary Caroline Hooper

3 (b) If veteran, name war

WWII

3 (c) Social Security Account No.

none

4. Sex

Female

5. Color or race

Colored

6 (a) Single, married, widowed, or divorced.

widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt July 1878

8. AGE: Years Months Days If less than one day  
about 69 yrs 7 2 : hr. min.

9. Birthplace Taylor's Island Md.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Solomon Hooper

13. Birthplace Md.

MOTHER

14. Maiden Name Diana Gamby

15. Birthplace Md.

16 (a) Informant Carlos Hooper

(b) Address Taylor's Island Md.

(month) (day) (year)

17 (a) Burial Cemetery

(b) Date thereof 2-22-48

(Cemetery or crematory)

Location Taylor's Island Md.

18 (a) Funeral director Sewell A. Henry

(b) Address Cambridge Md.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Dorchester  
(c) City or town Taylor's Island  
(If outside city or town limits, write RURAL and give town)

(d) Street No. \_\_\_\_\_ (If rural give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1948 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947, to Feb. 1948 and that I last saw her alive on Dec. 1947.

Immediate cause of death

Concussion heart failure 1 mo. Duration

Due to Asthma, emphysema

CVD ?

Due to Astroesophagus

gastroesophageal ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence \_\_\_\_\_ at \_\_\_\_\_ M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public

place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thompson MD

Address Cambridge Md. Date signed Feb 24, 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01617

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? One Day

## 3. (a) FULL NAME

Ethel Margaret Hopkins

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 10 1888

8. AGE:

Years  
60Months  
1Days  
17If less than one day  
hrs. min.

9. Birthplace Cambridge Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name William D. Hopkins

13. Birthplace Maryland

14. Maiden name Margaret P. Christopher

15. Birthplace Maryland

16. Informant Mr. Arthur Hopkins

Address Cambridge, Maryland

17. Burial Date thereof Feb. 20, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 2/19 1948 (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

- - - - -

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1948, at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 1948 to 21 1948  
and that I last saw her alive on 21 1948

Immediate cause of death

CORONARY ARTERY THROMBOSIS

DURATION

1 hour

Due to ARTERIOSCLEROSIS

Due to THROMBO-ANGITIS OBLITERANS

Other conditions DIABETES MELLITUS

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

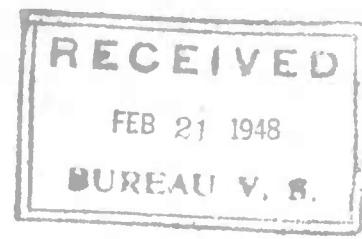
Means of Injury

Injured at work?

23. SIGNATURE

John M. Hopkins  
Cambridge Md. M. D. or other  
Date signed 2/19/48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The connect-age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01618  
93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hr  
 Hospital, institution, or street address where death occurred:  
406 High Street

How long in hospital or institution?

## 3. (a) FULL NAME

Rosetta Johnson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Theodore Johnson

7. Birth date of deceased (mo. day, yr.) Jan 1 1879 6. (c) If slave, give age years

8. AGE: Years 69 Months 1 Days 27 If less than one day hrs. min.

9. Birthplace Cambridge Dor Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home Bond Stiles

MOTHER FATHER 12. Name Dor. Co. Md.

13. Birthplace Mary Pinkett

14. Maiden name Dor. Co. Md.

15. Birthplace Frederick Stiles

16. Informant Frederick Stiles

Address Cambridge, Md

Burial 17. Date thereof Mar 2 1948 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waver Cemetery

Location Cambridge, Md.

18. Funeral director J. M. Hall & Son

Address Cambridge, Md.

19. Date rec'd by registrar Mar 2 1948  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 406 High Street  
(If rural, give LOCATION)

2. (a) If veteran, name war.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1948 at 8:5 P.M.  
 I CERTIFY that death occurred on the date above stated: that I attended deceased from January 4 1948 to Feb 28 1948 and that I last saw her alive on Feb 27 1948.

Immediate cause of death Cerebral Hemorrhage

Due to Ser Hypert.

Due to:

Other conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op. ....

Autopsy results....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide.....

State of ....

Where did injury occur? .....

(City or town) (County) (State)

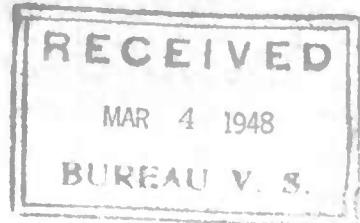
Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE Conrad M. & C. M. & C. M. M. D. or other

Address 101 W. 10th St Date signed 3-1-48





PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information clearly and legibly. Incomplete or illegible entries will not be accepted.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01619

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits write RURAL and give nearest town)

How long in above place of death?

Dorchester  
Cambridge  
all at life

Hospital, Institution, or street address where death occurred:

96 Park Lane

How long in hospital or institution?

8 days

## 3. (a) FULL NAME

Frances Louise Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored

Single

## 6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Mar 1 1947

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace.....

(Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business.....

MOTHER FATHER

Asbury Farms

12. Name.....

Gladiolus

13. Birthplace.....

Cambridge

14. Maiden name.....

Holmes

15. Birthplace.....

Linckwood Rd

16. Informant.....

Gladiolus Holmes

Address.....

96 Park Lane

17. Cemetery or crematory.....

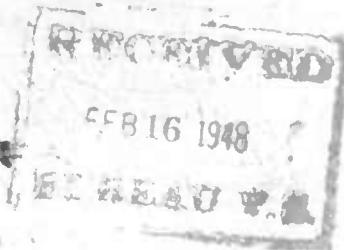
Cambridge Cemetery

Date thereof.....

14-78

(Burial, cremation, or removal. Which?)

(month) (day) (year)



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01620

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: Dorchester  
 County .....  
 City or town .....  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....  
 Hospital, institution, or street address where death occurred: X & ya

How long in hospital or institution? .....

## 3. (a) FULL NAME

Ella J. Joyce

4. Sex:	5. Color or race:	6.(a) Single, married, widowed, or divorced:			
<u>Female</u>	<u>Colored</u>	<u>married</u>			
6.(b) Name of husband or wife:		<u>Hayward C. Joyce</u>			
6.(c) If alive, give age: <u>75</u> years					
7. Birth date of deceased (mo., day, yr.)		<u>Feb. - 1881</u>			
8. AGE:	Years: <u>67</u>	Months: <u>0</u>	Days: <u>=</u>	It less than one day	.hrs. .... min.

9. Birthplace: Virginia  
 (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home  
 unknown

12. Name: unknown

13. Birthplace: Virginia

14. Maiden name: unknown

15. Birthplace: Virginia

16. Informant: Hayward C. Joyce

Address: Rhode Island

17. Removal: Removed  
 (Burial, cremation, or removal. Which?)

Date thereof: 3-1-48  
 (month) (day) (year)

Cemetery or crematory: Moncks Corner

Location: Granville

18. Funeral director: Berry's Mortuary

Address: Quaynes F. Lee

19. Date rec'd by registrar: 3/6/48

(Date rec'd by registrar) John May Jr. M.D. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester  
 City or town: Rhode Island  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 22 1948, at 4A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to ..... 19....., to ..... 19.....

and that I last saw h. .... alive on ..... 19.....

Immediate cause of death: Diabetes Coronary ArteritisDue to: Arterio SclerosisDue to: Hemorrhage Left hand

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. ....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: .....

Date of ..... Where did injury occur? ..... (City or town) (County) (State)

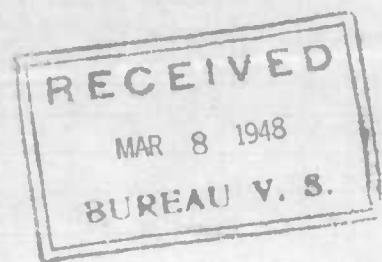
Injured at home, farm, industry, public place (where?) .....

Means of injury: .....

Injured at work? .....

23. SIGNATURE: J. K. Shriver, D.P. M.D. fromM. D. or other: Cambridge Md.Date signed: Feb. 27/48

Address: .....



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01621

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL, and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Emmie Lee

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

Widow

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 19<sup>th</sup> 1868

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
79 8 14 hrs. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual occupation House work

11. Industry or business William G. Lee

12. Name William G. Lee

13. Birthplace Baltimore

14. Maiden name Estelle Emmie

15. Birthplace Baltimore

16. Informant Mrs. Hammond 770 allent.

Address 770 allent.

17. Burial Cemetery

Date thereof Feb 8<sup>th</sup> 1948  
(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Hurlock

18. Funeral director P. B. Willoughby

Address Hurlock

Feb 8- 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1948 2:00P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 Feb. 6 1948 and that I last saw her alive on Feb. 6 1948

Immediate cause of death

General arteriosclerosis 5 yrs

DURATION

Due to

Due to

Other conditions Abdominal Tumor 5 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

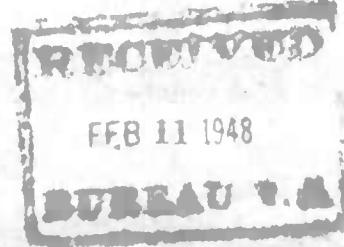
Means of injury

Injured at work?

23. SIGNATURE

W. C. Garrison MD M. D. or other

Address Hurlock Md. Date signed 2/8/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01623

93d

## CERTIFICATE OF DEATH

Reg. Dist. No.

290/116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A16 9-45-15N

## 1. PLACE OF DEATH:

County... Dorchester

City or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 9 months 2 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?... 9 months, 2 days

## 3. (a) FULL NAME

William Alfred Mansfield

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

8. (b) Name of husband or wife... Ella Summers

6. (c) If alive, give age:... years

7. Birth date of deceased (mo. day, yr.) May 19, 1861

8. AGE: Years 86 Months 9 Days 11 less than one day hrs. min.

9. Birthplace... unknown  
(Town, county, and state)

10. Usual occupation... waterman

## 11. Industry or business

12. Name... unknown

13. Birthplace... unknown

14. Maiden name... unknown

15. Birthplace... unknown

16. Informant... Eastern Shore State Hospital Records

Address... Cambridge, Maryland

17. Burial Date, thereof... (month) (day) (year)  
(Burial, cremation, or removal. Which?)

Date, thereof... (month) (day) (year)

Cemetery or crematory... Cambridge Cemetery

Location... Cambridge

18. Funeral director... John W. Mullings

Address... Estate of

19. 2/19/48 Date rec'd by registrar

19. 2/19/48 Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne

City or town... Queenstown  
(If outside city or town limits, write RURAL and give nearest town)Street No....  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1948 at 2:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1947 to Feb. 18 1948

and that I last saw him alive on Feb. 18 1948

Immediate cause of death... Cerebral arteriosclerosis DURATION

old age + cardiac cardiovascular disease UNKNOWN

Due to...  
.....Due to...  
.....Other conditions... senile psychosis, paranoid type  
(Include pregnancy within 8 months of death)

## Major findings of operations.

Date of op.

Autopsy results.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur?... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

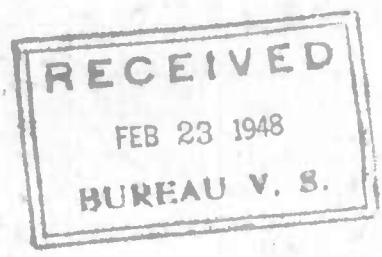
Means of injury

Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. M.D. or other

E.S.S.H.Cambridge, Md. Date signed 2/18/48

John W. Mullings Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

9-45-156

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01624

116

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years, 1 month, 21 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 5 years, 1 month, 21 days

## 3. (a) FULL NAME

Lavenia Marriner

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female

white

widowed

6.(b) Name of husband or wife John T. Marriner

7. Birth date of deceased (mo., day, yr.) July 18, 1861

6.(c) If alive, give age

years

8. AGE: Years Months Days If less than one day  
86 6 18 hrs. min.9. Birthplace Somerset County, Maryland  
(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name John Henry Hayman

13. Birthplace Maryland

14. Maiden name Anne Mitchell

15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

Burial Date thereof Feb. 11, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crisfield Cemetery

Location Crisfield, Md.

18. Funeral director Kenneth R. Thomas, Cambridge, Md.

Address Bradshaw Funeral Home, Crisfield

19. Date rec'd by registrar 2/10/48 John Marriner, M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 5

19. 48 at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 19. 42, to Feb. 5 19. 48.

and that I last saw her alive on Feb. 5 19. 48.

Immediate cause of death General and cerebral arteriosclerosis

DURATION

more than 5 yrs

Due to Chronic myocarditis and myocardial degeneration

Due to

Other conditions Senile psychosis, paranoid type  
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

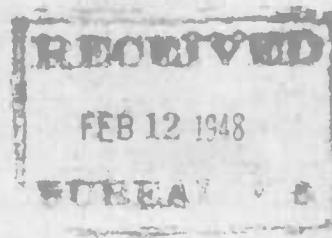
Means of Injury

Injured at work?

ld

23. SIGNATURE Grace M. Branscombe, M.D. M. D. or other

Address E.S.S.H. Cambridge, Md. Date signed 2/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01625

131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 249 Race St

(If rural, give LOCATION)

none

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Katherine C. Marshall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Widowed

6. (b) Name of husband or wife

Arthur J. Marshall

7. Birth date of deceased (mo. day, yr.)

Feb 29 - 1872

6. (c) If alive, give age years

8. AGE:

Years 75

Months 11

Days 23

If less than one day

hrs. . . . . min.

9. Birthplace

Brooklyn N.Y.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

James Conner

MOTHER FATHER

12. Name

Brooklyn N.Y.

13. Birthplace

Anna - last name unknown

14. Maiden name

Brooklyn N.Y.

15. Birthplace

Archie Marshall

16. Informant

Harrington, Md.

Address

Burial

Date thereof Feb 25-1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery

East New Market

Location

East New Market Md.

18. Funeral director

Kenneth L. Howard

Address

Cambridge, Md.

19. Date rec'd by registrar

Jan 25 1948

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 23

19 48 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19 48 to Feb 23 1948  
and that I last saw her alive on Feb 22 1948

Immediate cause of death

Influenza

DURATION

14 days

Due to Hypertension adhesions?

COPD

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

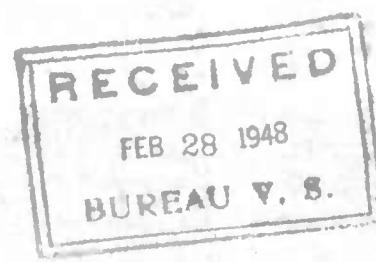
Injured at work?

23. SIGNATURE

John W. Thompson M.D.

M. D. or other

Address Cambridge, Md. Date signed Feb 24 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108  
01626

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred: Concord

How long in hospital or institution?

## 3. (a) FULL NAME

William McAll

4. Sex Male 5. Color or race 6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife William McAll

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo. day. yr.) June 11 1911

8. AGE: 36 Years Months Days If less than one day

hrs. min.

9. Birthplace King George Co Va

(Name, county, and state)

10. Usual occupation Laborer

11. Industry or business None

12. Name William McAll

13. Birthplace King George V.A

14. Maiden name Gather

15. Birthplace King George V.A

16. Informant J. Edwin McAll

Address Taylor's Island

17. Burial, cremation, or removal (which?) Taylor's Island

Date thereof (month) (day) (year)

Cemetery or crematory Taylor's Island

Location Taylor's Island, Md.

18. Funeral director Lewis H. Johnson

Address Cambridge Ave.

19. Nov. 4, 1948 (Date rec'd by registrar)

John Maynard, M.D. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war 214-11-8929

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 13 1948 to Feb. 21 1948

and that I last saw him alive on Feb. 20 1948

Immediate cause of death

Bilobed lobe pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

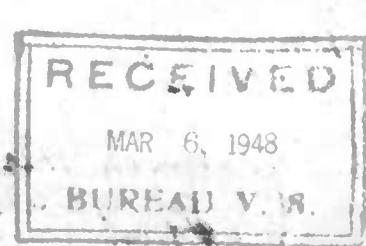
Means of injury

Injured at work?

SIGNATURE

J. Edwin Fawcett  
M. D. or other

Address 307 Main Cambridge, Md. Date signed 3-4-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01627

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Hesworth V. McDawara

4. Sex

Male | white | Married

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

Bessie E. Mechanics

7. Birth date of deceased (mo., day, yr.)

August 16 - 1875

6.(c) If alive, give age years

8. AGE:

Years 72 Months 5 Days 26 If less than one day

hrs. min.

8. Birthplace

Bishop's Head, Md.

(Town, county, and state)

10. Usual occupation

Canning Factory Worker Ret

11. Industry or business

Caleb V. McDawara

12. Name

Hester Ann Cannon

13. Birthplace

Nor Co

14. Maiden name

Mrs. Bessie M. McDawara

15. Birthplace

Race St., Cambridge, Md.

16. Informant

Bessie

Address

Race St., Cambridge, Md.

17. (Burial, cremation, or removal. Which?)

Cambridge

Date thereof (month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Shavers

Address

Cambridge, Md.

19. (Date rec'd by registrar)

2/17/1948 John Macmillan

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 210-B Rose St (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 12, 1948 at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated: I have attended deceased from

Feb 3 1948 to Feb 11 1948

and that I last saw him alive on Feb 11 1948

Immediate cause of death

Obstruction

Due to

Anemia - Severe

Due to + Hypertension

Other conditions

Obesity

(Include pregnancy within 3 months of death)

Major findings or operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

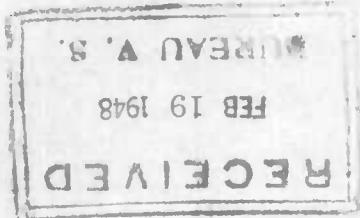
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John Macmillan M. D. or other

Address Cambridge, Md. Date signed 2/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01628

116

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all of life

Hospital, Institution, or street address where death occurred:

514 Pine St.

How long in hospital or institution? X

## 3. (a) FULL NAME

Rachel Molock

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female

colored

widow

6.(b) Name of husband or wife

Abraham Molock

(deceased)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 3, 1870

8. AGE:

Years 77

Months 6

Days 12

If less than one day

hrs.

min.

9. Birthplace

Dorchester Co. Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

home

MOTHER FATHER

12. Name John Hughes

13. Birthplace Md.

14. Maiden name Larry Ann Garrett

15. Birthplace Md.

16. Informant Thomas Molock

Address 514 Pine St. Cambridge, Md.

17.

(Burial, cremation, or removal. Which?) Burial Date thereof 2-18-48

(month) (day) (year)

Cemetery or crematory

Tark Neck Cemetery

Location

ur. Cambridge Md.

18. Funeral director

Lewis A. Bergman

Address

Cambridge Md.

19.

2-17-48 (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 514 Pine St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1948 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19. to X X 19.

and that I last saw h alive on X X 19.

Immediate cause of death

Chronic Myocarditis

DURATION

several years "

Due to Arterio-Sclerosis

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

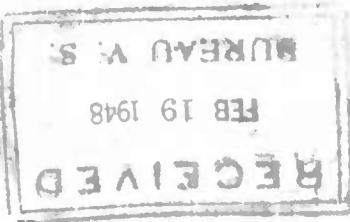
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed Feb. 17/48



I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01629

161a

## CERTIFICATE OF DEATH

Reg. Dlat. No. 116

## 1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

14 1/2 hours

Hospital, institution, or street address where death occurred:

Court. m d. Hospital

How long in hospital or institution?

14 1/2 hours

## 3. (a) FULL NAME

Mary Lida Murphy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age

years

2 - 24 - 1948

8. AGE:

Years

Months

Days

If less than one day

14 hrs.

35 min.

9. Birthplace

Cambridge

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

2 - 24 - 48 at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 - 24 - 48 to 2 - 24 - 48  
and that I last saw her alive on 2 - 24 - 48

Immediate cause of death

Astrotaenia

DURATION

1 day

Due to

Pneumonia congested

deposits.

Other conditions

Weight 3 lbs at birth  
full term twin boy

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. or other

Address John Moore

Date signed

2 - 25 - 48

RECEIVED  
FEB 28 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

01630

## CERTIFICATE OF DEATH

116

Reg. Distr. No.

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 74 Years  
Hospital, institution, or street address where death occurred:  
109 Peachblossom Ave.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 109 Peachblossom Ave.  
(If rural, give LOCATION)

3. (a) FULL NAME  
John Tubman Parks

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married	
6. (b) Name of husband or wife Lola Jones			
7. Birth date of deceased (mo., day, yr.) Dec. 2, 1872		6. (c) If alive, give age 64 years	
8. AGE: 75	Years 2	Months 12	Days If less than one day hrs. min.
9. Birthplace Seaford, Delaware (Town, county, and state)			
10. Usual occupation Retired			
11. Industry or business EasternShore Public Service			

MOTHER FATHER	12. Name John W. Parks
MOTHER	13. Birthplace Delaware
	14. Maiden name Mary Jane Buchamp
	15. Birthplace Delaware
	16. Informant Mrs. Lola J. Parks

Address Cambridge, Maryland
17. Burial (Burial, cremation, or removal. Which?) Cambridge Cemetery
Date thereof Feb. 16, 1948 (month) (day) (year)
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. 2/16 1948 John Parks  
(Date rec'd by registrar)

Registrar

2. (a) If veteran, name war  
-----

3. (b) Social Security Number  
214-07-7559

## MEDICAL CERTIFICATION

20. DATE OF DEATH  
February 14, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 14 1948 to Feb. 14 1948  
and that I last saw him alive on Feb. 14 1948Immediate cause of death  
Coronary occlusionDURATION  
2 hoursDue to  
-----Due to  
-----Other conditions  
-----  
(Include pregnancy within 3 months of death)Major findings of operations  
none  
Date of op.Autopsy results  
Physician: Please underline the cause to which death should be charged statistically.

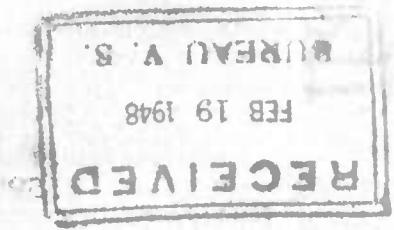
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury  
Injured at work?23. SIGNATURE  
Eldridge H. Wagland  
M. D. or otherAddress  
Cambridge, Md. Date signed  
2-16-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01631

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 30 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Earl St. Penney packer4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife..... Della Penney packer7. Birth date of deceased (mo., day, yr.) June 9, 18948.(c) If alive, give age 53 years8. AGE: Years 53 Months 7 Days 28 If less than one day  
hrs. ..... min. ....9. Birthplace..... Crofton County, Maryland  
(Town, county, and state)10. Usual occupation..... Contractor & builder11. Industry or business..... General Construction12. Name..... William R. Penney packer13. Birthplace..... Pennsylvania14. Maiden name..... Marie Adams15. Birthplace..... Caroline County, Maryland16. Informant..... Mrs. Earl Penney packerAddress..... Federalburg, Maryland17. Burial..... Burial Date thereof February 10, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Hill Crest CemeteryLocation..... Federalburg, Maryland18. Funeral director..... J. J. Frampton & SonAddress..... Federalburg, Maryland19. Date rec'd by registrar..... Feb. 9, 1948 Registrars..... Elizabeth Conner  
(Date rec'd by registrar) (Signature) (Title)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... CarolineCity or town..... Federalburg (If outside city or town limits, write RURAL and give nearest town)Street No..... Wesley Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

216-09-3224

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 2/7/48 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... not at all 19..... to..... 19.....and that I last saw her..... alive on..... not at all 19..... to..... 19.....

Immediate cause of death.....

coronary occlusion

DURATION

instant

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

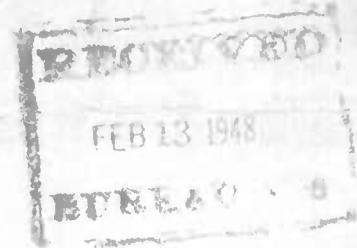
23. SIGNATURE..... John M. Conner Jr.

M. D. or other

Address..... Deputy Medical Examiner Worcester Co.

Date signed.....

2/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01632

30g

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 days

Hospital, institution, or street address where death occurred:

Cambridge - Maryland Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Minnie Sawyer

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

C

Married

6.(b) Name of husband or wife

Lemuel Sawyer

1940

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

I don't know

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Salem

(Town, county, and state)

10. Usual occupation

Labour

none

11. Industry or business

frank moonies

12. Name

Maryland

13. Birthplace

Montgomery

14. Maiden name

Mabel Hollings

15. Birthplace

Arling

16. Informant

Marggie Melkens

Address

162 Washington Street

17. Cemetery or crematory

Cambridge

Date thereof (month) (day) (year)

Location

Lewis F. Bayne

18. Funeral director

Cambridge

Date 16-1948 John Mac Jr. M.D.

19. (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 12,

1948

at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

February 4,

1948

to February 12,

1948

and that I last saw her alive on February 12, 1948.

Immediate cause of death

Acute congestive heart failure

DURATION

8 days +

Due to

Due to

Other conditions

Syphilis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

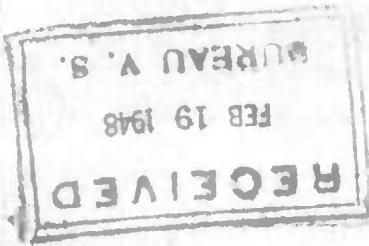
Injured at work?

23. SIGNATURE

L. O. Meredith, M.D.

Address Cambridge, Maryland

Date signed Feb. 12, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01633

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

60 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:  
13 Locust Street

How long in hospital or institution?

## 3. (a) FULL NAME

Charles H. Seward

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

White

Widowed

## 6. (b) Name of husband or wife

Margaret Harris Jones

Died-4/17/1946

## 6. (c) If alive, give age years

## 7. Birth date of deceased (mo. day. yr.)

May 18, 1868

## 8. AGE:

Years  
79Months  
8Days  
14If less than one day  
hrs. min.

## 9. Birthplace

RFD, Cambridge, Dor. Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Real Estate Operator

## 11. Industry or business

Real Estate

## MOTHER FATHER

12. Name Charles Henry Seward

13. Birthplace Maryland

14. Maiden name Clarissa Radcliff

15. Birthplace Maryland

16. Informant Miss Margaret Mende

Address Cambridge, Maryland

## Burial

Date thereof Feb. 5, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

Feb. 5, 1948

(Date rec'd by registrar)

John Deacon Jr.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 13 Locust Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1948 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1, 1948, to Feb 2, 1948

and that I last saw him alive on Feb 2, 1948

## Immediate cause of death

Coronary occlusion

DURATION

20 min.

Due to arteriosclerosis

cardio-vascular renal disease

8 years

Due to

Other conditions Diabetes mellitus

8 years

(Include pregnancy within 3 months of death)

Major findings or operations

none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County) (State)

Injured at home, farm, industry, public place (where?)

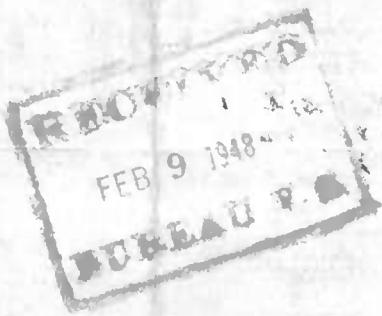
Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wafford M. D. or other

Address Cambridge, Md. Date signed 2-8-48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01634

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

102 Glenburne Ave.

How long in hospital or institution? - - -

## 3. (a) FULL NAME

James Gordy Todd

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Male

White

Married

## 6.(b) Name of husband or wife

Bertha May Willey

## 7. Birth date of deceased (mo., day, yr.)

May 19, 1894

## 6.(c) If alive, give age

53

years

## 8. AGE:

Years  
53Months  
7Days  
29

less than one day

hrs.

min.

## 9. Birthplace

Cambridge, Dor. Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Staff Supervisor

## 11. Industry or business

Am. Tel. &amp; Tel. Co.

## MOTHER FATHER

Name

Houston W. Todd

Name

Maryland

Name

Mollie E. Gordy

Name

Maryland

## 16. Informant

Mrs. Bertha W. Todd

## Address

Cambridge, Maryland

## 17. Burial

Date thereof Feb. 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

East New Market Cemetery

## Location

East New Market, Maryland

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Maryland.

## 19. (Date rec'd by registrar)

2/19 1948

John Macay, M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 Glenburne Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

082-07-7071

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 18, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1947 to Feb 18, 1948

and that I last saw him alive on Feb 18, 1948

Immediate cause of death

Coronary occlusion

DURATION 2 min

Due to: Cardiac insufficiency  
Cardio vascular disease

3 yrs

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Meane of Injury

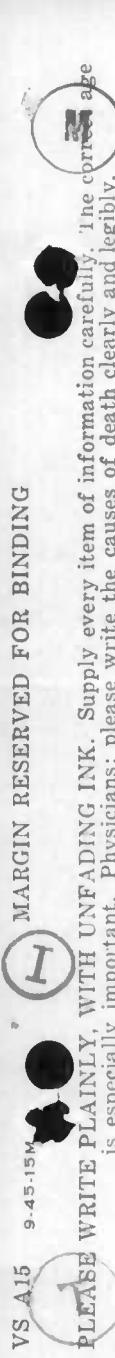
Injured at work?

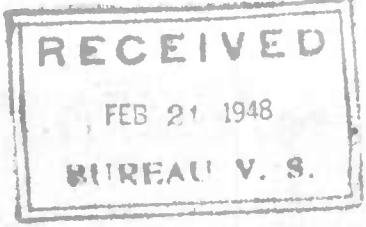
## 23. SIGNATURE

James Gordy Todd, M.D.

N.B. or other

Address: James Gordy Todd, M.D. Date signed: 2/18/48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02176

## CERTIFICATE OF DEATH

Reg. Dist. No. 354

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

*life*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

*Florence F. Tull*

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Female white widowed.*

6.(b) Name of husband or wife

*S. Frank Tull*

7. Birth date of deceased (m.e., day, yr.)

6.(c) If alive, give age

years

*May 18, 1868*

8. AGE:

Years

Months

Days

If less than one day

*79 8 22*

hrs.

min.

9. Birthplace

*Stockton Worcester Maryland*

(Town, county, and state)

10. Usual occupation

*Housewife*

11. Industry or business

*Miles Tull*

FATHER

12. Name

*Miles Tull*

MOTHER

13. Birthplace

*MD*

14. Maiden name

*Sarah A. Slidell*

15. Birthplace

*MD*

16. Informant

*Miss Helen Tull*

Address

*Stockton MD*

17. Burial

*Date thereof February 12, 1948*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*Porterville M. P. Cemetery*

Location

*Stockton MD*

18. Funeral director

*Henry Slidell*

Address

*Racoonoke MD*

19. Date rec'd by registrar

*Feb 12 1948*

(Date rec'd by registrar)

*Mary M. Taylor*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*February 10, 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*1946 to Feb 9, 1948*and that I last saw her alive on *Feb 9, 1948*

Immediate cause of death

*Chronic nephritis*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

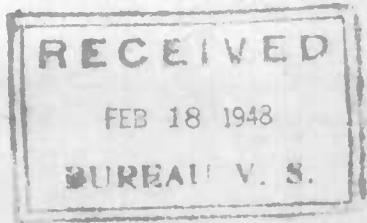
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*C. J. Taylor*M. D. or other *MD*Address *1000 Park St. B* Date signed *Feb 12, 1948*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

01635

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....

City or town.....

Baltimore  
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

33 years

Hospital, Institution, or street address where death occurred.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Susan D. Tyler

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife.....

George W. Tyler

7. Birth date of deceased (mo., day, yr.)

det - 13 - 1856

6.(c) If alive, give age.....

years

8. AGE:

Years      Months      Days      If less than one day

91      3      27      hrs.      min.

B. Birthplace.....

meekins Neck, Md Co.

(Town, county, and state)

10. Usual occupation.....

housewife

11. Industry or business

Lewis T. Lummock

12. Name.....

Alice C.

13. Birthplace

Nancy Lewis

14. Maiden name.....

Alice C.

15. Birthplace

Mrs. Wm H. Leonard Sr.

16. Informant.....

Cambridge, Md.

Address

Burial Date thereof.....

(Burial, cremation, or removal? Which?)

Cemetery or crematory St. Mary's Catholic

Location

Gardens, Bill Md.

18. Funeral director

Kenneth P. Shoucas

Address

Cambridge, Md.

19. Date rec'd by registrar

Feb. 10. 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Choptank Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Feb 10 1948 1:10 AM

3E. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948, 10, 29, 1948  
and that I last saw him alive on 29-1948

Immediate cause of death.....

smile asthma

DURATION

Due to.....

Due to.....

Other conditions.....

alms heart + find urmatic

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

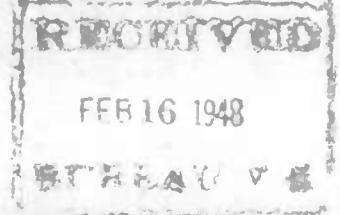
Cause of Injury.....

Injured at work?.....

23. SIGNATURE.....

John MacDowell M.D.  
Address: Cambridge, Md. Date signed: Feb. 10. 1948

M. D. or other



Dr. Bunker

MARGIN RESERVED FOR BINDING  
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01636

83a

## CERTIFICATE OF DEATH

116

Reg. Dist. No.....

1. PLACE OF DEATH:  
County... Dorchester

City or town... Rural-Salem  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.... Life  
Hospital, Institution, or street address where death occurred:  
Salem

How long in hospital or institution?..... - - - - -

3. (a) FULL NAME  
Alberta W. Hughes Willey

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widowed
------------------	---------------------------	--

6.(b) Name of husband or wife Daniel J. Willey  
Died 12/29/1936

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1865

8. AGE: Years 82	Months 11	Days 15	If less than one day hrs. .... min.
---------------------	--------------	------------	--

9. Birthplace Drawbridge, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation..... - - - - -

11. Industry or business..... - - - - -

12. Name Columbus Hughes
-----------------------------

13. Birthplace Maryland
----------------------------

14. Maiden name Margaret Bradshaw
--------------------------------------

15. Birthplace Maryland
----------------------------

16. Informant Mr. Scott Willey

Address Drawbridge, Dor. Co., Md.

17. Burial Date thereof FEB. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Feb. 13-48 John D. Bunker  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Dorchester

City or town... Rural-Salem  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Salem  
(If rural, give LOCATION)

2.(a) If veteran, name war..... - - - - -

3. (b) Social Security Number  
- - - - -

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1948, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-22 1947, to 2-6 1948

and that I last saw her alive on February 6, 1948

Immediate cause of death

*Cerebral hemorrhage*

*Arteriosclerosis*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.. Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place, where?

Means of injury Injured at work?

23. SIGNATURE *John D. Bunker MD.* M. D. & other

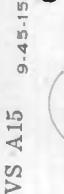
Address *Race St. Cambridge, Md.* Date signed *Feb. 13-48.*

RECORDED

FEB 16 1948

BUCHANAN

I



Dr. Hanks  
H  
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The date  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01637

46e

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Rural-Drawbridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: Drawbridge

How long in hospital or institution? - - - - -

## 3. (a) FULL NAME

Edward Nelson Willey

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 8.(b) Name of husband or wife

Freida Dietchrick Perry

## 7. Birth date of deceased (mo., day, yr.)

Dec. 20, 1874

## 6.(c) If alive, give age

70

years

## 8. AGE:

Years

Months

Days

If less than one day

73

1

21

hrs.

min.

## 9. Birthplace

Drawbridge, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Dirt

## MOTHER

FATHER

12. Name Jonathan Willey

13. Birthplace Maryland

14. Maiden name Lacey Hurley

15. Birthplace Maryland

16. Informant Mrs. Nelson Willey

Address Drawbridge, Dor. Co., Md.

## 17. Burial

Burial, cremation, or removal. Which? Date thereof Feb. 14, 1948

(month) (day) (year)

Cemetery or crematory Vienna Cemetery

Location Vienna, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

Feb. 13-19  
(Date rec'd by registrar)John MacDermid  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Drawbridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Drawbridge

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

February 11, 1948, 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/10

1947

2/11

1948

and that I last saw h.j.m. alive on

## Immediate cause of death

Adenocarcinoma  
Descending Colon

## DURATION

3 yrs.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation X Ray Series

Date of op.

4/10/48

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

John MacDermid  
Cambridge Md.  
Date signed 4/12/48

